

AGENDA

King County ACH Regional Health Improvement Plan Work Group (RHIPW)

July 23, 2015, 11:00-12:30 pm

401 Fifth Avenue, Seattle – Chinook Building, 1311

Conference Bridge Line 206-263-0100

Objectives

- Get acquainted with each other
- Discuss draft RHIP charter, purpose, scope and deliverables
- Identify next steps and timeline

45 minutes	Introductions and Objectives (Gloria)
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40 minutes	Review RHIPW charter and scope of work (Gloria) <ul style="list-style-type: none">• Background & purpose• Objectives• Membership & participation• Deliverables
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5 minutes	Identify next steps
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CHARTER

ACH Regional Health Improvement Plan Workgroup

PURPOSE

- **Background**

The King County [Accountable Community of Health](#) (ACH) aims to “build healthier communities through a collaborative regional approach focusing on social determinants of health, clinical-community linkages, and whole person care”. Embodied in this mission is an awareness that to achieve the Triple Aim of better health, better quality, and lower costs, we must increasingly focus on prevention and seek solutions both within and outside of the health care delivery system. Due to the complex nature of the upstream social drivers of health (i.e. where we live, work, and play), cross sector, cross agency and cross community strategies are essential in order to achieve the Triple Aim.

Not surprisingly, the same is true for assessment and planning – cross sector, cross agency, and cross community sharing of data is required for rigorous and full assessment of the health and social needs of individuals and their communities, prioritization of strategies, and measurement of progress towards the Triple Aim and equity. No one organization can sustainably improve health or fully measure progress while working alone.

To inventory the existing regional assessment processes, plans, and priorities across King County, make recommendations for next steps toward a regional health improvement plan, and address the need for alignment with the state and other ACHs, the King County ACH interim Leadership Council formed the Regional Health Improvement Plan Workgroup (RHIPW), one of three ACH workgroups designed to address “cross-cutting” roles of the ACH (and meet deliverables laid out in the Health Care Authority Design contract).

- **Purpose**

The purpose of the RHIPW Workgroup (RHIPW) is to provide recommendations to the ACH Leadership Council to support the development of a Regional Health Improvement Plan. Specifically, no later than the end of 2015, the RHIPW will create a Regional Health Needs Inventory (RHNI) and an approach to the development of a Regional Health Improvement Plan (RHIP). The Workgroup will also develop a proposal for the role, home, and structure for the RHIPW in 2016 and beyond. This effort is intended to leverage existing resources at a community and regional level to avoid duplication of effort. It will be important to reach beyond traditional health partners to achieve our objectives.

- **Accountability**

The RHIPW will be accountable to and seek guidance from the ACH Interim Leadership Council as it develops its initial set of recommendations. Specifically, the RHIPW co-leads will attend interim ACH Interim Leadership Council meetings to present updates and request feedback on key issues.

- **Core Principles**

Adapted from the five core conditions of collective impact and the King County ACH planning process, the following core principles express important, shared beliefs of the RHIPW and will guide its behaviors and decision-making over the course of the year.

- **Backbone function.** In this initial phase of developing a RHNI and approach to a RHIPW, leverage dedicated staff with specified skills to accelerate cross sector and cross agency planning. Build on assessments, plans, and processes that are already in place. Ensure a sufficient level of administrative and operational support to move the RHIPW agenda forward.
- **Shared data/measurement.** Shared data and information is needed to understand the whole picture of an individual or community. When data is shared across stakeholder groups, everyone benefits.
- **Common agenda.** Build a common vision for the development of a Regional Health Improvement Plan in King County. Align with State priorities as much as possible.
- **Mutually reinforcing activities.** Consider both qualitative (community-sourced) and quantitative (organization-sourced) information when developing the RHIPW. No one organization holds the data necessary to evaluate the full Triple Aim for all communities.
- **Continuous communication & phased approach.** Demonstrate early successes and use learning and rapid feedback to continually readjust approach. Under the guidance of the ACH Leadership Council, ensure that both the RHIPW membership and scope of work remain flexible to adapt to changing needs and partnerships over time.
- **Equity.** In all decisions, consider whether equity is being prioritized. Assess whether community voices have had an opportunity to be represented in our inventory and planning. Ask whether our approach to a RHIPW is inclusive.

MEMBERSHIP AND ROLES

The RHIPW Workgroup will include broad cross-sector representation of the major systems that are involved in conducting community assessment activities and plans that address health and well-being in King County. The RHIPW Workgroup would have 2 co-leads, to be determined by the group once it convenes.

Initial Membership will initially comprise representatives from the following sectors/entities:

- Area Agency on Aging (Andrea Yip, City of Seattle Aging & Disability Services)
- Community Action Agencies (Kim Tully, Solid Ground)
- United Way of King County (Mary Shaw)
- Hospitals systems (Elizabeth “Tizzy” Bennett, Seattle Children’s Hospital, ACH Leadership Council member)
- Housing & Community Development (Cheryl Markham, KC Department of Community & Human Services)
- Equity network / community voice (working with Regional Equity Network on recruitment)
- Federally Qualified Community Health Centers (Susan Amberson, Neighborcare Health & Federico Cruz-Uribe, Sea Mar Health Centers)
- Managed care organization(s) (Kris Lee, Amerigroup Washington, Inc.)
- Mental health/substance abuse (tbd)
- Seattle Indian Health Board (Aren Sparck, SIHB, Health Innovation Leadership Network member)
- Public Health-Seattle & King County (PHSKC) (Gloria Albetta, Manager, Assessment, Policy Development & Evaluation & Janna Wilson, Director of Health Policy and Planning)
- City Government (Erica Azcueta, Veterans and Human Services Coordinator, City of Auburn & Alaric Bien, Human Services Senior Planner, City of Redmond)
- **Participation**

A monthly meeting series for the RHIPW will be established. The Workgroup may decide to add, cancel, or modify meetings as appropriate throughout the year.

The **Co-leads** will discuss objectives and materials for each meeting. Agenda and meeting materials will be distributed at least three business days in advance. The **co-leads** will facilitate meetings.

SCOPE AND DELIVERABLES

The RHIPW Workgroup proposes a work plan for July through the end of the year, beginning with the formation of the workgroup and establishment and approval of a charter, review of King County community assessments and priorities and draft of a Regional Health Needs Inventory to leadership council in September, and a proposed approach to the development of a RHIP, including opportunities to incorporate the work that has already begun around the four “linked initiatives” – Familiar Faces, Communities of Opportunity, physical/behavioral health integration, and the Housing-Health Partnership – by the November 16th ACH Interim Leadership Council meeting. To this end, the RHIPW will:

DRAFT Regional Health Improvement Plan Workgroup Charter 7.13.2015

- Compile, review and synthesize existing county-wide needs assessments conducted by various sectors to identify common regional priorities and strategies.
- Identify alignment with other ACHs' regional and Healthier Washington's state priorities.
- Inventory cross-sector initiatives (resources) that reflect the diverse communities and partners within the region and currently address priorities.
- Identify an approach for development of a future Regional Health Improvement Plan including opportunities to streamline regional assessment and planning activities.
- Recommend future role, home and structure of RHIPW in 2016

The RHIPW will produce the following deliverables:

- Regional Health Needs Inventory
- Inventory of Regional Health Initiatives
- Recommended approach for the development of a RHIP
- A proposed future role, home and structure for the RHIPW in 2016
- Final report to the ACH Leadership Council summarizing 2015 work and next steps

DECISION MAKING

- **Decision Making Approach - TBD**

Guidelines for Multicultural Interactions

Be present... Let go of anything that might be a distraction (deadlines, paperwork, children, etc.) and be intentional about your purpose in this moment. Bring your full attention to the process. Acknowledge anything that you need to let go of in order to be present.

Try on new ideas, perspectives ... as well as concepts and experiences that are different than your own. Be willing to open up to new territory and break through old patterns. Remember, “try on” is not the same as “take on.”

It’s OK to disagree... Avoid attacking, discounting or judging the beliefs and views of others. Discounting can be verbally or non-verbally. Instead, welcome disagreement as an opportunity to expand your world. Ask questions to understand the other person’s perspective.

Confidentiality... There is another dimension of confidentiality that includes “asking permission” to share or discuss any statement another person makes of a personal nature. It helps to remember that the story belongs to the teller.

Step up, step back... Be aware of sharing space in the group. If you are person who shares easily, leave space for others to step into. Respect the different rhythms in the room, it is ok to be with silence. If you are a person who doesn’t speak often, consider stepping forward and sharing your wisdom and perspective.

Self awareness... Respect and connect to your thoughts, feelings and reactions in the process. Be aware of your inner voice and own where you are by questioning why you are reacting, thinking and feeling as you do. Monitor the content, the process and yourself.

Check out assumptions... This is an opportunity to learn more about yourself and others; do not “assume” you know what is meant by a communication especially when it triggers you – ask questions.

Practice “both/and” thinking... Making room for more than one idea at a time means appreciating and valuing multiple realities (it is possible to be both excited and sad at the same time) – your own and others. While either/or thinking has its place it can often be a barrier to human communication

Intent is different from impact... and both are important. It is also important to own our ability to have a negative impact in another person’s life despite our best intention. In generous listening, if we assume positive intent rather than judging or blaming, we can respond, rather than reacting or attacking when negative impact occurs.

Listen deeply ... Listen with intent to hear, listen for the entire content and what is behind the words. Encourage and respect different points of view and different ways of communicating. Engage heart and mind -- listen with alert compassion.

Speak from the “I” ... is speaking from one’s personal experience rather than saying “we,” it allows us to take ownership of thoughts, feelings and actions

Laurin Mayeno and Elena Featherston, 2006
Adapted from VISIONS, Inc.

DRAFT DRAFT Summary of Priorities Identified Through Assessments 2013-2015 DRAFT DRAFT

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DRAFT DRAFT Summary of Priorities Identified Through Assessments 2013-2015 DRAFT DRAFT

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Overview of the King County Region Accountable Community of Health Development

As of July 2015

What's behind the Accountable Community of Health initiative?

In 2014 Washington created an ambitious 5- year plan to improve health and health care. [Healthier Washington](#) is a roadmap for transforming health and health care in our state in order to achieve better care for individuals and better health of the population at lower costs. Late in 2014, the state received a five-year, \$65 million federal grant to carry out Healthier Washington strategies.

Regional collaboratives are a building block of the plan. To create lasting change in health and in healthcare, local innovation and partnerships are critical because so many factors and sectors influence our health. Clinical care accounts for about 20%, our health behaviors 30%, social and economic factors 40%, and the physical environment 10%.

To help bring clinical and community partners together to carry out high priority health improvement strategies and align their efforts around shared results, the plan calls for the creation of regionally based Accountable Communities of Health (ACHs). The emerging ACHs are engaging many sectors that affect health, such as health care payers and providers, behavioral health, public health, social services, housing and community/economic development, philanthropic organizations, education, health equity and social justice coalitions, and governmental entities, including Tribes.

Nine ACH regions established. Washington identified nine ACH regions that together cover the entire state. King County is a single-county ACH region. The State is [partnering with each region](#) to invest in ACH development and proof of concept, building on collaborations already underway. Washington intends to formally “designate” an ACH coalition in each region when they have established a sufficiently strong foundation of governance and administrative infrastructure—interim or otherwise—to move to the next phase of development.



How has ACH development evolved in the King County region?

Focused on advancing what the region is already trying to make happen. Many organizations in the King County region are involved in innovative, cross-sector partnerships to improve community health and well-being, because working together can produce better results than working alone – especially for the most complex challenges. The King County region has therefore been approaching ACH development as an opportunity to strengthen this infrastructure in order to catalyze even more innovation and to better spread and sustain what works.

Washington's ACH initiative commenced just when the forward-looking *King County Health and Human Services Transformation Plan* was completed with community partners. This plan recognizes that the region's overall high quality of life masks profound disparities in health and well-being. It aims to address those disparities through greater collaboration, better integrated and "whole person" models of care delivery, and prevention-focused strategies that address the upstream, social determinants of health. In this way, the Health and Human Service Transformation Plan is very consistent with the state's Healthier Washington vision.

What was the upshot of the initial 2014 ACH planning phase in King County?

In mid-2014, the Washington Health Care Authority made available grants of up to \$50,000 for regions across the state to begin planning for ACH development. Public Health - Seattle & King County, with support from consultants Cedar River Group and Watanabe Consultation, served as the planning phase grantee for the King County region.

Together with stakeholders the following major recommendations¹ were made:

- Partner with and learn from high priority initiatives already underway, including the *King County Health and Human Services Transformation Plan*, to assure "**form follows function**" in ACH development.
- In 2015, don't jump to creating too much infrastructure too fast. Focus on **showing value and progress** relative to existing initiatives.
- Work to resource and promote authentic **community engagement** in subsequent phases of ACH design work; doing so is critical for assuring that ACH activities lead to greater health equity and lasting change.
- Create an **interim ACH leadership council** in 2015 to guide the next phase of development, and charge it with developing and transitioning to a more formalized governance structure.

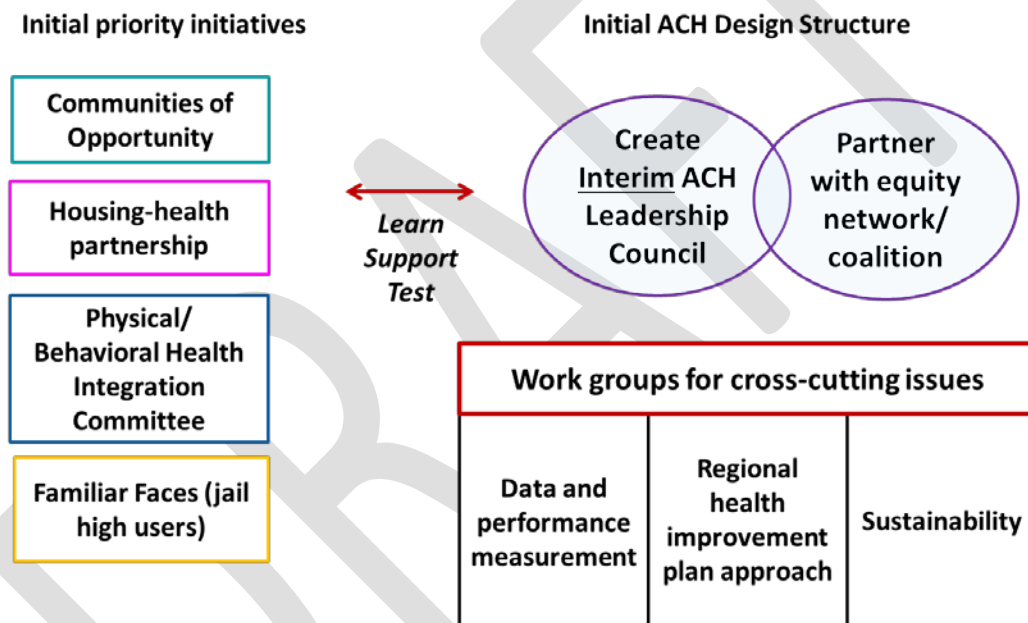
At the end of the planning phase, Public Health received a \$100,000 design grant from the Washington Health Care Authority to convene and support the ACH interim leadership council in 2015. Many partners are bringing in-kind time and other forms of support to the work, as well.

¹ The planning phase report, *A Path Forward for ACH Design in King County, Washington (December 2014)*, is available at <http://www.kingcounty.gov/elected/executive/health-human-services-transformation/ach.aspx>

How is the 2015 ACH design work organized?

The graphic below shows the structure of the ACH design work for the King County region.

- On the left are four existing high priority initiatives in different stages of development. The ACH leadership council and its workgroups will support them moving forward, as appropriate, and learn from them to inform ACH structure and governance.
- Another critical piece of the design strategy is to partner with and build capacity in equity network/coalitions because community engagement mechanisms will bring on-the ground context expertise into ACH design, decision-making, and implementation.
- Cross-cutting work groups will support both the four existing initiatives, as well as make recommendations about the longer-term structures the ACH partnership will need and how to organize to accomplish them.



Learn more about the four initiatives:

[Communities of Opportunity](#) – is working to create greater health, social, economic, and racial equity in specific geographic areas of King County where disparities are the greatest.

[Housing-health partnership planning](#) - seeks to develop a sustainable business model for improving the health of multi-family affordable housing residents and surrounding neighborhoods by using affordable housing as platform for housing-health partnerships.

[Physical/Behavioral Health Integration](#) – will be designing a model to move toward fully integrated care and financing across physical and behavioral health, focused on Medicaid recipients.

[Familiar Faces](#) – intends to improve outcomes in health, housing, and justice system involvement while reducing per capita costs. Focuses on adults who are high users of the King County jail who have a mental health and/or substance abuse condition.

What is the role of the King County ACH Interim Leadership Council?

The ACH Interim Leadership Council is guiding the next phase of the ACH development in King County. Information about its members and its meetings is available on the King County ACH website [here](#). Meetings are open to the public. In June, members agreed on a charter to guide its work.

The Interim Leadership Council will develop structures that will enable cross-sector health improvement efforts to be as successful and sustainable as possible. Members will explore strategies for future sustainability, an approach to a future regional health improvement plan, and how best to align with Healthier Washington's [statewide common performance measures](#) and with other ACHs across the state.

The ACH is in its early, formative stages, and planning is an iterative process. State and community partners will continue to come together to plan, implement, measure, and adjust strategies in the months and years to come. The Interim Leadership Council welcomes comments from interested parties, either at its meetings or by writing to hhstransformation@kingcounty.gov.

Key deliverables in 2015 will include: An ACH Readiness Proposal to submit to the Washington Health Care Authority for ACH designation; an approach to a future regional health improvement plan, an approach to sustainability planning, and an approach to governance and administrative functions that includes ongoing processes for making adjustments as the environment changes.

Staying Informed and Getting Involved

- Sign up for stakeholder e-mail distribution list by writing to: HHSTransformation@kingcounty.gov
- Visit the King County ACH website – still a work in progress, you'll find more resources posted here over time as work moves forward: <http://www.kingcounty.gov/exec/HHSTransformation/ach.aspx>
- Visit the Healthier Washington ACH website:
http://www.hca.wa.gov/hw/Pages/communities_of_health.aspx
- King County region ACH contacts: Gena Morgan at gena.morgan@kingcounty.gov or Janna Wilson janna.wilson@kingcounty.gov

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